Reissue

Please type a plus sign (+) inside this box ➔ [+]

REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	ATM-2129-1
First Named Inventor	Roman FUCHS
Original Patent Number	5,919,561
Original Patent Issue Date (Month/Day/Year)	July 6, 1999
Express Mail Label No.	

Address to:

**Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231**

APPLICATION FOR REISSUE OF:
(Check applicable box)

[XX] *Utility Patent*   [ ] *Design Patent*   [ ] *Plant Patent*

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS

APPLICATION ELEMENTS (37 CFR 1.173)

1. [X] Fee Transmittal Form *(PTO/ SB/ 56)*
   (Submit an original, and a duplicate for fee processing)

2. [ ] Applicant claims small entity status See 37 CFR 1 27

3. [X] Specification and Claims in double column copy of patent format *(amended, if appropriate)*

4. [X] Drawing(s) *(proposed amendments, if appropriate)*

5. [X] Reissue Oath/Declaration (original or copy) (unexecuted)
   (37 C.F.R. § 1.175) (PTO/SB/51 or 52)

6. [ ] Power of Attorney (included in Declaration)

7. Original U.S Patent currently assigned? [X] Yes [ ] No
   (If Yes, check applicable box(es))
   [X] Written Consent of all Assignees *(PTO/SB/53)*
   [X] 37 C.F.R. § 3 73(b) Statement *(PTO/SB/96)*

8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*
   a. [ ] Computer Readable Form (CFR)
   b. Specification Sequence Listing on·
     i [ ] CD-ROM (2 copies) or CD-R (2 copies); **or**
     ii [ ] paper
   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [ ] Statement of status and support for all changes to the claims See 37 CFR 1 173 (c).

11. [X] Original U S Patent for surrender
    [X] Ribboned Original Patent Grant
    [ ] Statement of Loss (PTO/SB/55)

12. [ ] Foreign Priority Claim *(35 U.S.C 119)* *(if applicable)*

13. [ ] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations

14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*

15. [ ] Preliminary Amendment

16. [X] Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

17. Other: ....

....

....

18. CORRESPONDENCE ADDRESS

[ ] *Customer Number or Bar Code Label*   or [ ] *Correspondence address below*

(Insert Customer No. or Attach bar code label here)

Name	Fisher, Christen & Sabol
Address	1725 K Street, N.W.
	Suite 1401
City	Washington
Country	U.S.A.

State	DC	*Zip Code*	20006
		Fax	202/659-2015
Telephone	202/659-2000		

NAME *(Print/Type)*	Virgil H. Marsh	*Registration No. (Attorney/Agent)*	23,083
Signature	*Virgil H. Marsh*	*Date*	July 5, 2001

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
ATM-2129-1

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 15	Total Claims (37 CFR 1 16(j))	(B) 15	**** 0 =	x $____=		or	x $____=	
(C) 1	Independent claims (37 CFR 1 16(i))	(D) 1	. 0 =	x $____=			x $____=	
			Basic Fee (37 CFR 1.16(h)) $____					$ 710.00
			Total Filing Fee $			OR		$ 710.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j)	***	MINUS	**	* =	x $____=		x $____=	
Independent Claims (37 CFR 1 16(i))	***	MINUS	*****	=	x $____=		x $____=	
			Total Additional Fee		$		OR	$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1 17 which may be required, or credit any overpayment to Deposit Account No. **06-1110**
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of $ **710.00** to cover the filing / additional fee is enclosed

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

July 5, 2001
Date

Virgil H. Marsh
Signature of Applicant, Attorney or Agent of Record

Virgil H. Marsh
Typed or printed name

Reg. 23,083